



**STATE OF TENNESSEE
DEPARTMENT OF MENTAL HEALTH AND DEVELOPMENTAL DISABILITIES
OFFICE OF CONSUMER AFFAIRS
CORDELL HULL BUILDING, THIRD FLOOR
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37243**

Tennessee Certified Peer Specialist Professional Reference

The person named below is completing an application to be certified as a Peer Support Specialist with the Office of Consumer Affairs. The applicant must submit (3) three completed professional references of support in order to complete the application process. You have been chosen by the applicant to provide a reference for this purpose. Once the professional reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application. We appreciate your support of this applicant. If you have questions, please contact the Coordinator of Tennessee's Peer Support Specialist Certification Program with the TDMHDD, Office of Consumer Affairs toll-free at 1.800.560.5767.

1) Prospective Certified Peer Specialist:

(Please Print Name)

2) Please describe your knowledge of the applicant's work in the role of a Peer Specialist:

3) Please describe the nature of your professional relationship with the applicant:

4) Please describe the strengths and any potential weaknesses of the applicant and their ability to provide services as a Peer Specialist :

Reference Contact Information

(Please Print)

Name _____

Agency _____

Address _____

City, State, ZIP _____

Email _____

Work Phone (_____) _____ - _____

My signature below affirms that all of the information contained in this document is true, and that I support this application.

Signature of Reference

Date

